

Name in Full

Certificate of Death

Joseph W Bowan

Died at ^{Town} Welcome^{County} Chap

MARYLAND

Date 1906	Month 8	Day 2	Age 10 1/2	Y. M. D.	Native of Chap Co	Occupation none
Male	White	Married	Widow	Divorced	Number of children living	
Female	Colored	Single	Widower			

Husband of

Wife

Father's Name Samuel Bowen	Mother's Maiden Name Sadie Monroe
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Cause of Death	Primary Summer Complaint	How long sick
Death	Immediate	Accident, Suicide, Homicide

Reported by Samuel Bowen Father

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Reported by
Wm. F. Branner
See Reg

Name
in
Full

CERTIFICATE OF DEATH

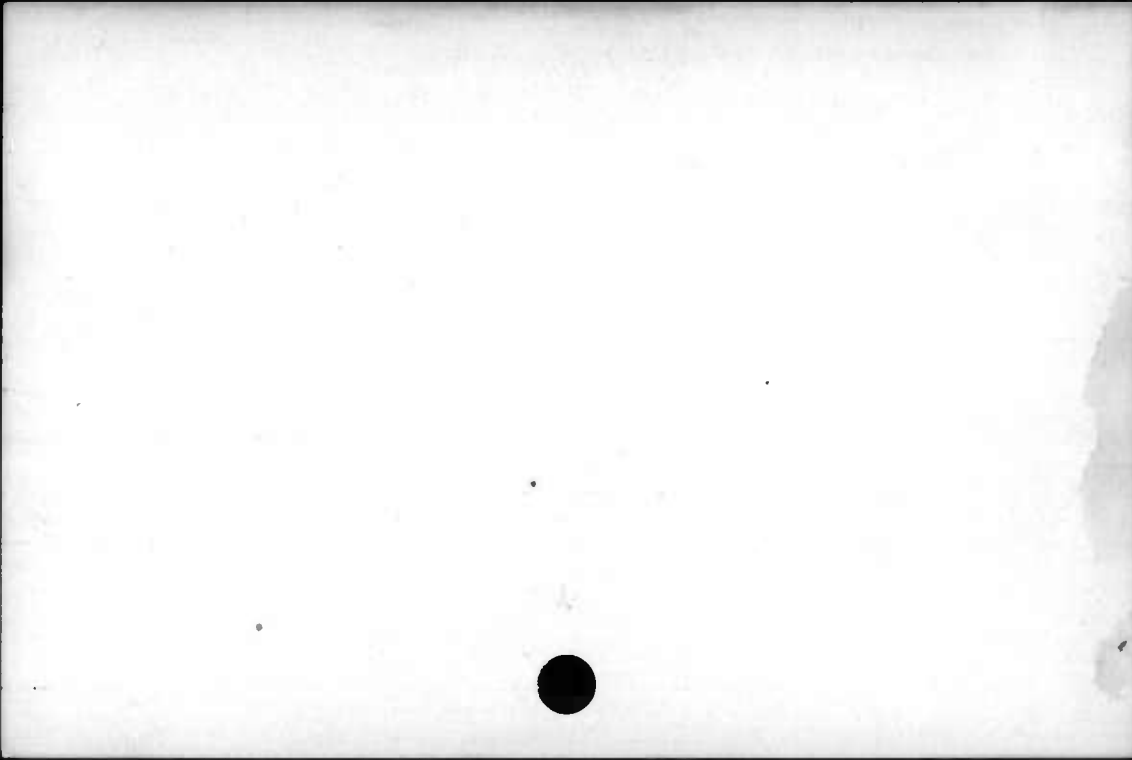
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joe Brauner		Town Pomfret		County Charles		MARYLAND	
Died at		Date of death 190 3		Month 8	Day 10	Age 78	Months 78
Sex male		Color or Race @		Birth-place Ind			
Married, Single or Widowed Single				Occupation Farmer			
Name of Wife or Husband Mary Hawkins							
Father's Name Not Known				Father's Birthplace Ind			
Mother's Maiden Name Not Known				Mother's Birthplace Ind			
Name of person giving information Joseph Hawkins Jr				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Atherosclerotic Degeneration	How long	6 months
Immediate	Cardiac Complications	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. H. Hanner	
Yes 81		Address Mason Springs Ind.	
Accident or Suicide?			



Name
in
Full

Richard Butler

CERTIFICATE OF DEATH

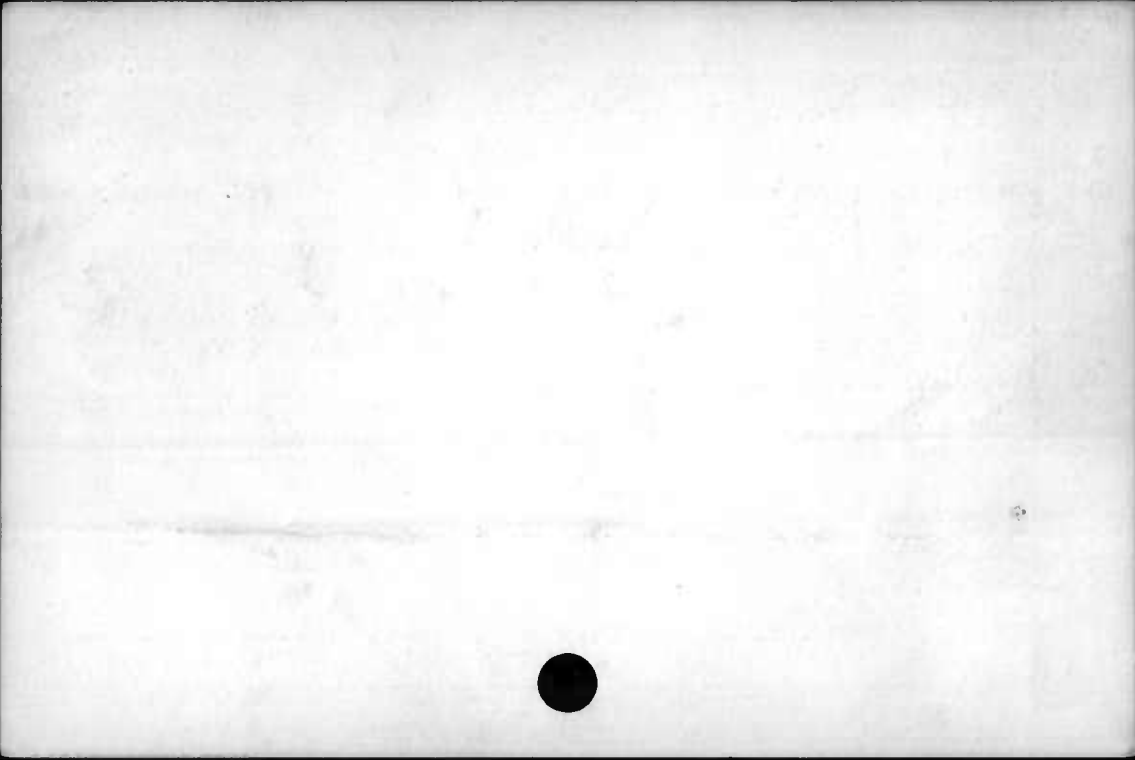
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bryantown</i>		County <i>Charles</i>		MARYLAND	
Date of death 1903	Month <i>8</i>	Day <i>10</i>	Age <i>13</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>ind</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Joseph Butler</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Mary Dorsey</i>			Mother's Birthplace <i>ind</i>		
Name of person giving information <i>Joe Butler</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>intestinal rupture</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. C. Lippincott</i>
	Address <i>Heights near</i>
Accident or Suicide?	<i>ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MAYLAND	
Date of death	1903	Month	Aug	Day	7	Age	Years
Sex		Female		Color or Race		Birth-place	
Occupation		—		Where Residing if not at place of death		—	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Mrs. Dun		105		Father's Birthplace	
Mother's Maiden Name		—		—		Mother's Birthplace	
Name of person giving Information		—		—		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long
Immediate	—	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
—		Address
—		—
Accident or Suicide?		—



Name in Full

Certificate of Death

Francis Dyer

Town

County

Died at

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Aug 4

Age

40

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Hannah Rachel Hyer

Town

County

MARYLAND

Died at

Pommonkey

Chick

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 11

Age

7 2 7

Ind

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

9

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Albert Hyer

Jann Booth Huer

Cause of

Primary

Not more

How long sick

1 month

Death

Immediate

males

6

Accident, Suicide, Homicide

Reported by

Albert Hyer

Address

Pommonkey

John Reed

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

3

Month

8

Day

24

Age

Years

.

Months

Days

21

Sex

male

Color

-

C

Birth-
place

Ind.

Married, Single
or Widowed

Occupation

Framer

Name of Wife or
HusbandFather's
Name

Sam A. Gray

Father's
Birthplace

Md.

Mother's
Maiden Name

Harriet Brown

Mother's
Birthplace

Md.

Name of person giving
In formation

Arthur Sam A. Gray

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus 105

How long

Life time

Immediate

Anemia Heart Comp.

How long

Life time

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

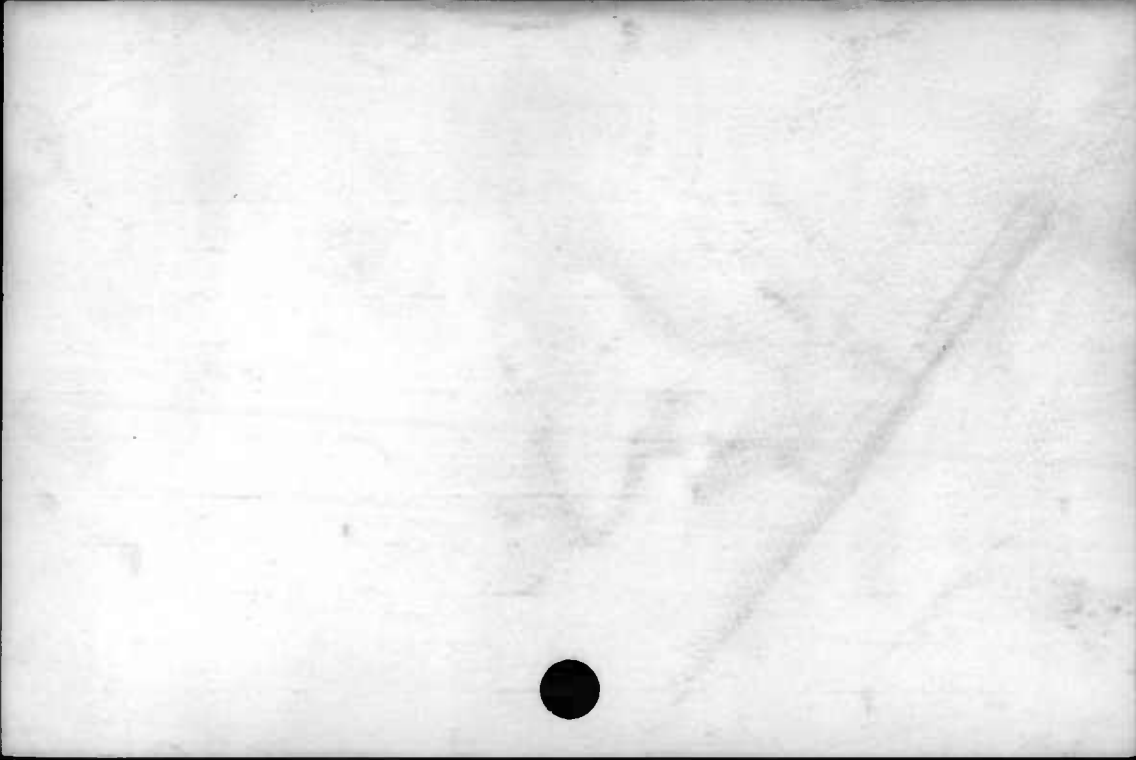
Address

Yes

Sam L. Harmon M.D.

Mason Springs
Ind.

Accident or Suicide?



Name in Full

Certificate of Death

Miss Elizabeth J. Harvey

Town

County

Died at

MARYLAND

Date 19 13 Aug 2 | Age 75 | Native of md | Occupation
 Male ☒ Female ☐ | White ☒ Colored ☐ | Married ☒ Single ☐ | Widow ☐ Widower ☐ | Divorced ☐ | Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name

in
Full

George W. Higgs

CERTIFICATE OF DEATH

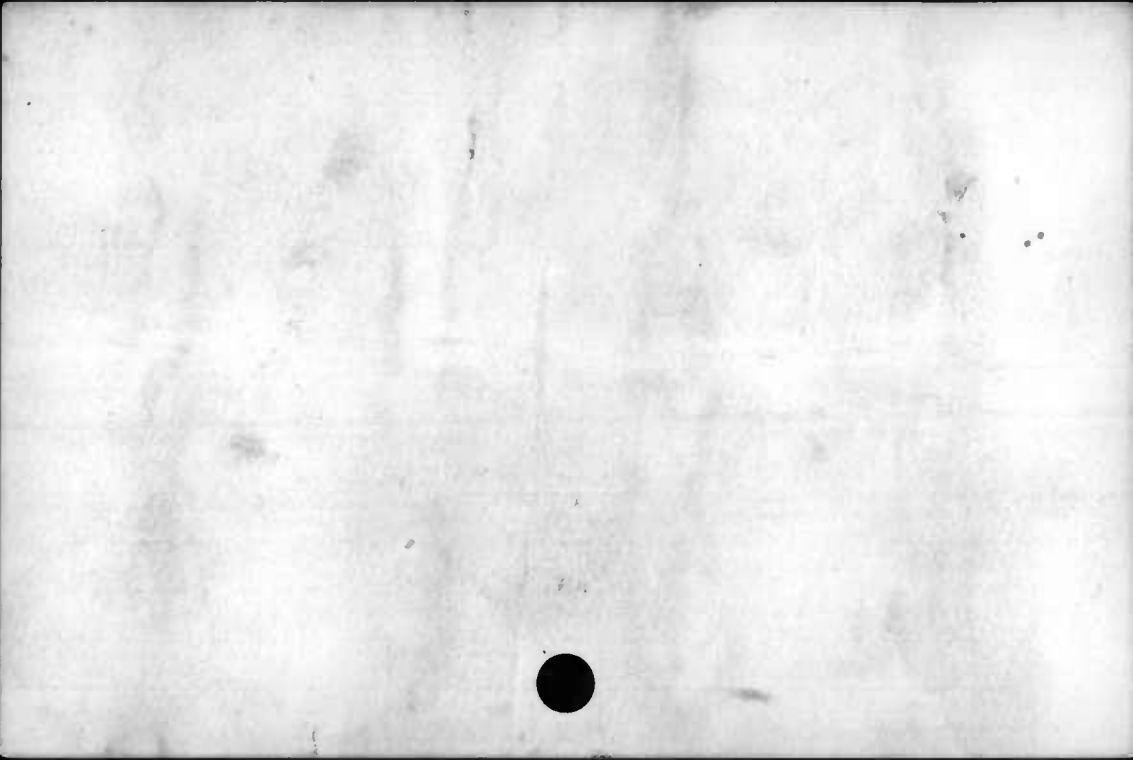
TO BE ANSWERED BY
- NEAREST FRIEND

Died at		Town Hughesville P.O.		County Rhodes		MARYLAND	
Date of death 1903	Month August	Day 21 st	Age 62	Year 1903	Months —	Days —	
Sex Male	Color or Race White		Birth- place Maryland				
Married, Single or Widowed		Married		Occupation Farmer			
Name of Wife or Husband —							
Father's Name —				Father's Birthplace —			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving In formation				How related to deceased 79			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic disease of heart -	How long	3 yrs
Immediate	General Dropsy	How long	4 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. C. Barrios M.D.
		Address	Princeton, Mo.
Accident or Suicide?		No	



Name
in
Full

Mary Grace Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Waldorf Town

County

Charles

Date

of death 1903

Month

Aug

Day

4

Age

Years

—

Months

—

Days

25

Sex

FemaleColor or
RaceWhiteBirth-
placeCharles Co. Md~~Married, Single~~
or Widowed~~Name of Wife or~~
HusbandFather's
NameMrs. also HowardFather's
BirthplaceMdMother's
Maiden NameMamie BowlingMother's
BirthplaceMdName of person giving
In formationMamie HowardHow related
to deceasedmother

CAUSES OF DEATH

Primary

Cholera infantum

How long

10 days

Immediate

same

How long

1 dayAre the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianJ. C. Munn

Address

Waldorf Md.~~Accident or Suicide?~~PHYSICIAN
OR CORONER



Thomas Harburt —

Died at ^{Town} *Newbury* ^{County} *Charles*

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Aug	27		-	-	Iris	
<input type="checkbox"/> Male	<input checked="" type="checkbox"/> White	<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Widow	<input checked="" type="checkbox"/> Divorced		
<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Colored	<input type="checkbox"/> Single		<input type="checkbox"/> Widower	<input type="checkbox"/> Number of children living		

Husband of _____
Wife _____

Father's Name _____

Mother's

Maiden Name

Cause of	Primary	How long sick
Death	Immediate	Accident, Suic

Reported by A. J. Moore, Jr.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Joe. Maddox

Town

County

Died at Bel Air

Chesapeake

MARYLAND

Date 1903	Month Aug	Day 2	Y. 10	M. 24	D. Maryland	Occupation
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband
of
Wife

Father's Name	Rob. L. Maddox	Mother's Maiden Name	Edith Hank
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Cause of	Primary	Enterocolitis	105	How long sick	6 months
Death	Immediate	Mal nutrition - Exhaustion		Accident, Suicide, Homicide	

Reported by

J. J. J. J.

Address

Bel Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73898



Name
in
Full

CERTIFICATE OF DEATH

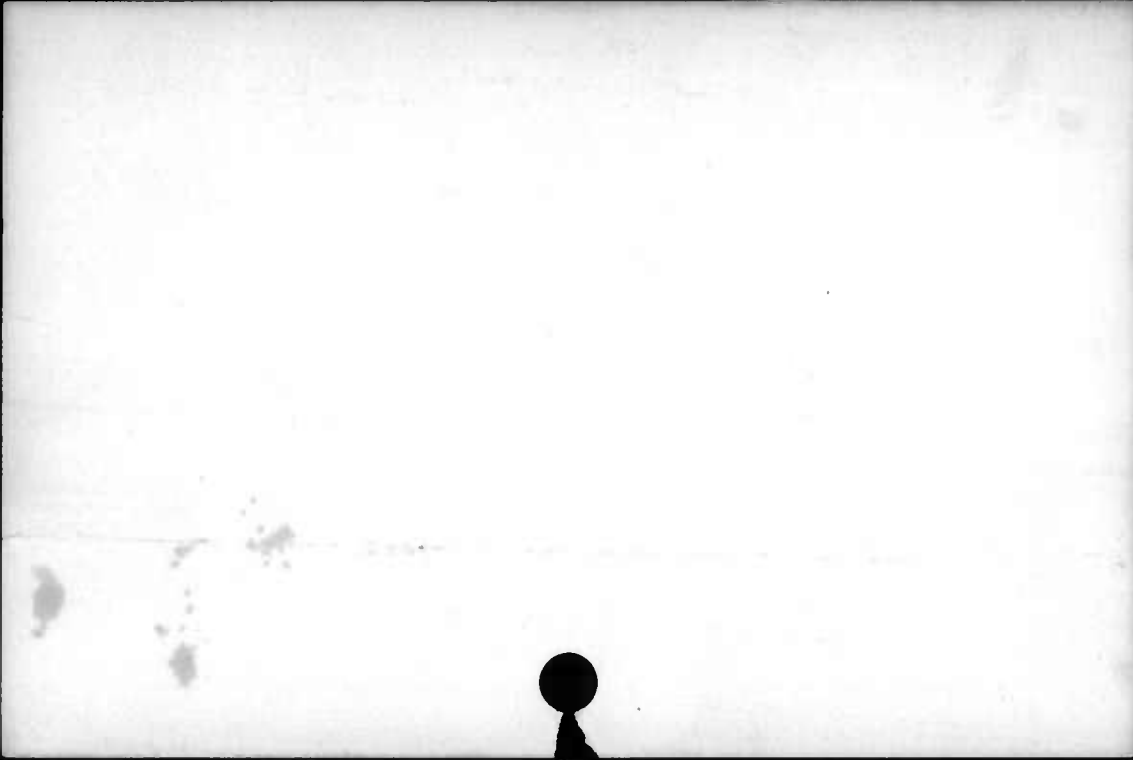
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lehighville</i>		County <i>Lehigh</i>		MARYLAND	
Date of death 1903	Month <i>8</i>	Day <i>29</i>	Age <i>27</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place				
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>Dallie Dorsey</i>							
Father's Name <i>Unknown</i>		66		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>M. L. Barber</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving Information <i>Thos Buckler</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broken + Lacerated Wound</i>	How long
Immediate <i>Shock</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Chappell</i>
	Address <i>Lehighville Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

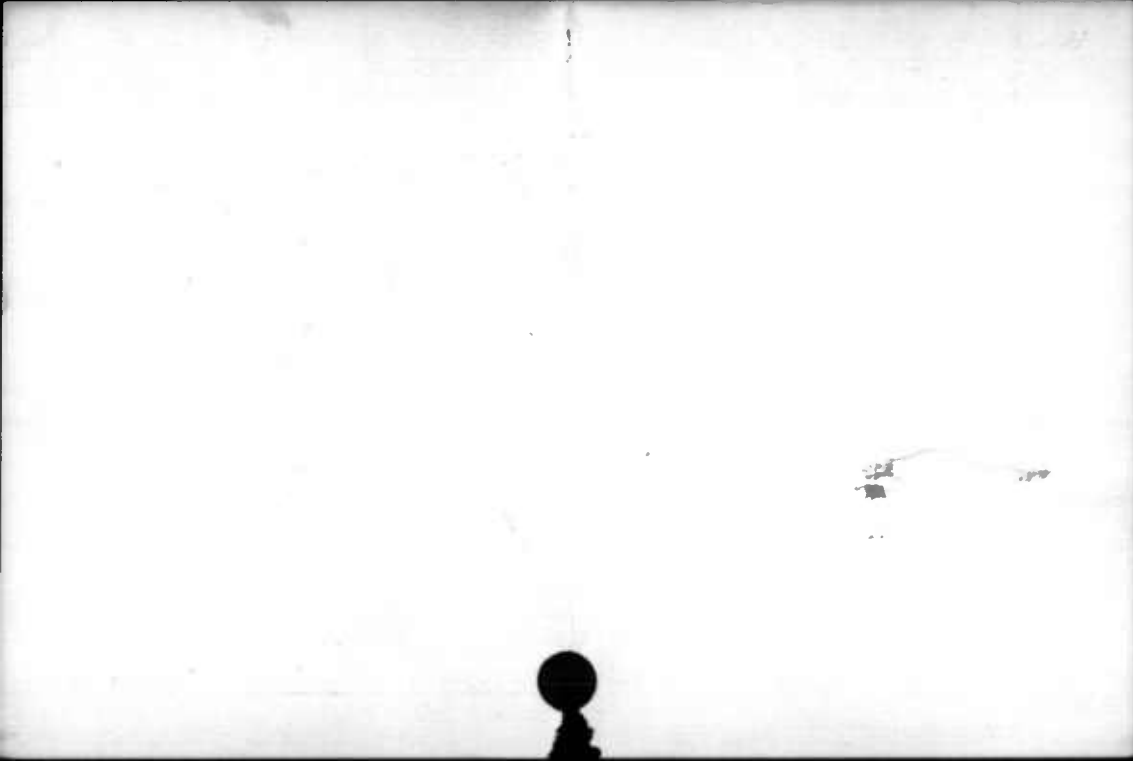
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Indian Head		County Charles		MARYLAND	
Date of death 1903	Month 8	Day 26	Age 3	Years 3	Months	Days	
Sex male	Color or Race C		Birth- place md				
Married, Single or Widowed			Occupation none				
Name of Wife or Husband							
Father's Name James R Perry				Father's Birthplace md			
Mother's Maiden Name Elizabeth E Swann				Mother's Birthplace md			
Name of person giving In formation James R Perry				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Spinal Meningitis	How long	3 weeks
Immediate	Asthenia et Cardiac Complication	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Samuel L Harmon	
		Address Mason Springs md	
Accident or Suicide?			



Name in Full		Milton Lee Piskurae				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Waco		Chambers		MARYLAND	
		Date of death 1903		Month		Day	
		Aug		1		Age	
		Sex		Color or Race		Birth-place	
		Male		White		Ind	
TO BE ANSWERED BY NEAREST FRIEND		Married Single or Widowed		Occupation			
		Single					
		Name of Wife or Husband					
		Father's Name		Joseph Piskurae		Father's Birthplace	
		Mother's Maiden Name		Ada Roby		Mother's Birthplace	
		Name of person giving information		Joseph Piskurae		How related to deceased	
				Ind		Ind	
				Father			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Explanation		How long	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		No objection	
				Address		179	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near cross roads</i>		Town <i>Charles</i>		County	
Date of death 1908	Month <i>August</i>	Day <i>16</i>	Age <i>9</i>	Years	Months
Sex <i>female</i>	Color or Race <i>Colord</i>		Birth- place <i>Charles County</i>		
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name <i>Joseph Posey</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Julia Jackson</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving In formation <i>R A Butler</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cramp</i>	How long <i>1 day + 1/2</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>179</i>
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

George Tubman
 Died at *Lotham* Town *Charleston Co* County *MARYLAND*

1003
 Date *189* *August 6* Month *4* Day *1903* Y. *4* M. *1903* D. *1903* Native of *1903* Occupation
 Male *White* Married *Widow* Divorced
~~Female~~ Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name *Sam'l H. H. H.* Mother's Name *Sam'l H. H. H.*

Cause of Death { Primary *Heart Disease* Immediate *Heart Disease* How long sick *Sam'l H. H. H.*
 Accident, Suicide, Homicide

Reported by *B. Smith* *179*
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63955



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Bryanston</i>				<i>Lehigh</i>		MARYLAND			
		Date of death 1903		Month <i>Aug</i>	Day <i>22</i>	Age <i>27</i>	Years	Months	Days		
		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>Ind</i>					
		Married, Single or Widowed <i>Single</i>				Occupation <i>Laborer</i>					
		Name of Wife or Husband									
		Father's Name <i>Blackmon</i>				Father's Birthplace					
PHYSICIAN OR CORONER		Mother's Maiden Name <i>Caroline Wade</i>				Mother's Birthplace					
		Name of person giving In formation <i>Joseph Gross</i>				How related to deceased <i>Cousin</i>					
		CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Leucemia</i>				How long <i>12 mos</i>					
		Immediate <i>Exhaustion</i>				How long					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>H. C. Chappell</i>					
						Address <i>Hughesville Ind</i>					
		Accident or Suicide?									

